

1300 SOM Center Road  
Mayfield Heights OH 44124

Phone number:

Theresa Ferritto

Page: 1  
Date: 5/10/11  
Time: 12:29:26

Type	Priority	Code	Group #	Plan Name	Group Covered	Renewal month	Verified	Amount listed on treatment plan(s)				
								Primary Insurance				
								Full Fee	Ins Disc.	Cpa Disc	Adj Amt	Pct
								Ins Ben	Secondary		Other	
								Discount	Benefit	Discount	Benefit	Pat Resp
Tooth/Surface/Procedure												
150		Exam Comprehensive						75.00	.00	75.00	.00	0
210		Xray Full Mouth Series						125.00	.00	125.00	.00	0
1.0	Visit total							200.00	.00	200.00	.00	0
4950		Rotadent Periodontal Inst						149.00	.00	.00	149.00	0
1330		Oral Hygiene Instructions						.00	.00	.00	.00	0
4341		Perio SRP, 4+ Teeth, Quad						235.00	.00	.00	.00	0
4341		Perio SRP, 4+ Teeth, Quad						235.00	.00	.00	.00	0
4999B		Irrigate w/Chlorhex Per Q						29.00	.00	.00	.00	0
4999B		Irrigate w/Chlorhex Per Q						29.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
9630R		Stannous Rinse						29.00	.00	.00	.00	0
2.0	Visit total							1,002.00	.00	.00	1,002.00	0
1330		Oral Hygiene Instructions						.00	.00	.00	.00	0
4341		Perio SRP, 4+ Teeth, Quad						235.00	.00	.00	.00	0
4341		Perio SRP, 4+ Teeth, Quad						235.00	.00	.00	.00	0
4999B		Irrigate w/Chlorhex Per Q						29.00	.00	.00	.00	0
4999B		Irrigate w/Chlorhex Per Q						29.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
9630G		22u 1.1 Neutral Sod Gel						35.00	.00	.00	.00	0
3.0	Visit total							849.00	.00	.00	849.00	0
1330		Oral Hygiene Instructions						.00	.00	.00	.00	0
4910		Perio Maintenance						129.00	.00	.00	.00	0
4999B		Irrigate w/Chlorhex Full						44.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
43812		Arestin 2 Sites						74.00	.00	.00	.00	0
1204		Fluoride Adult						37.00	.00	.00	.00	0
4.0	Visit total							358.00	.00	.00	358.00	0
431		Vizinite Cancer Screening						69.00	.00	.00	.00	0
5.0	Visit total							69.00	.00	.00	.00	0
1.0	TX plan total 2011-05-10							2,478.00	.00	.00	2,478.00	0

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NO. 369 P. 4

## Treatment plan summary for

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Mayfield Heights, OH  
1300 SOM Center Road  
Mayfield Heights OH 44124

Theresa Forritto

Date: 5/10/11

Time: 12:29:28

Phone number

## Amount listed on treatment plan(s)

Tooth/Surface/Procedure	Primary Insurance						Secondary		Other			
	Full Fee	Ins Disc.	Cyn Disc	Adj Amt	Pct	Ins Ben	Discount	Benefit	Discount	Benefit	Pac Resp	
500 Impression Date N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
1.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PD
5001 Max Bite Registration	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
2.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PD
5002 Max Try In 1st Visit	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
3.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PD
01 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	.00	
14 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	.00	
15 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	145.00	OE
18 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	145.00	OE
19 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	145.00	OE
31 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	145.00	OE
32 7140 Extraction Erupted/Expose	145.00	.00	.00	145.00	0	.00	.00	.00	.00	.00	145.00	OE
UA 5211T PUD Pkg Acrylic Partial	649.00	.00	.00	649.00	0	.00	.00	.00	.00	.00	145.00	OE
UA 5212T PUD Pkg Acrylic Partial	649.00	.00	.00	649.00	0	.00	.00	.00	.00	.00	649.00	OE
4.0 Visit total	2,313.00	.00	.00	2,313.00		.00	.00	.00	.00	.00	2,313.00	PP
9930A Post Operative Eval N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	OS
5.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	OS
9975A Suture Removal	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	OE
6.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	OE
5005 Reline Included Soft	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PT
7.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PT
5409 Denture Adj Incl. N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
8.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PD
500 Impression Date N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
9.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00	PD
5003 Frame Try In Partial	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD
5001 Max Bite Registration	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00	PD

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No. 3699 P. 5

## Treatment plan summary for

Theresa Ferritto

Page: 1

Date: 5/10/11

Time: 12:29:28

Mayfield Heights, OH  
1100 SOM Center Road  
Mayfield Heights OH 44124

Phone number:

## Amount listed on treatment plan(s)

Tooth/Surface/Procedure	Primary insurance						Secondary		Other		
	Full Fee	Ins Disc.	Cap Disc	Adj Amt	Pct	Ins Ben	Discount	Benefit	Discount	Benefit	Pat Resp
10.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00
5002 Wax Try In 1st Visit	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	.00
11.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00
UA 52259 BUD Pkg Flexilys	550.00	.00	.00	550.00	0	.00	.00	.00	.00	.00	.00
LA 52268 PLO Pkg Flexilys	650.00	.00	.00	650.00	0	.00	.00	.00	.00	.00	.00
12.0 Visit total	1,300.00	.00	.00	1,300.00		.00	.00	.00	.00	.00	650.00
5409 Denture Adj Incl. N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	1,300.00
13.0 Visit total	.00	.00	.00	.00		.00	.00	.00	.00	.00	.00
28 2950 Core Buildup Incl Pins	255.00	.00	.00	255.00	0	.00	.00	.00	.00	.00	.00
28 303 Crown Preparation N/C	.00	.00	.00	.00	0	.00	.00	.00	.00	.00	255.00
14.0 Visit total	255.00	.00	.00	255.00		.00	.00	.00	.00	.00	.00
28 2740 Crown Porcelain/Ceramic	1,089.00	.00	.00	1,089.00	0	.00	.00	.00	.00	.00	255.00
15.0 Visit total	1,089.00	.00	.00	1,089.00		.00	.00	.00	.00	.00	1,089.00
2 DPL 2332 Comp 3 Surf Anterior	205.00	.00	.00	205.00	0	.00	.00	.00	.00	.00	1,089.00
16.0 Visit total	205.00	.00	.00	205.00		.00	.00	.00	.00	.00	205.00
08RF 2331 Comp 2 Surf Anterior	175.00	.00	.00	175.00	0	.00	.00	.00	.00	.00	205.00
17 Visit total	175.00	.00	.00	175.00		.00	.00	.00	.00	.00	175.00
09MIOFL 2335 Comp 4+ Surf Anterior	240.00	.00	.00	240.00	0	.00	.00	.00	.00	.00	175.00
18.0 Visit total	240.00	.00	.00	240.00		.00	.00	.00	.00	.00	240.00
2.0 TX plan total 2011-05-16	5,577.00	.00	.00	5,577.00		.00	.00	.00	.00	.00	240.00
APR20 Appointment Appreciation	20.00	.00	.00	20.00	0	.00	.00	.00	.00	.00	5,577.00
1.0 Visit total	20.00	.00	.00	20.00		.00	.00	.00	.00	.00	20.00
20.0 TX plan total 2011-05-20	20.00	.00	.00	20.00		.00	.00	.00	.00	.00	20.00
total	8,035.00	.00	200.00	7,835.00		.00	.00	.00	.00	.00	7,835.00

## Insurance deductibles and limits

plan name	group covered	limit code	limit type	individ amount	family amount
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Jun 20, 2011 11:55AM

No. 3699 P. 6

Mayfield Heights, OH  
1300 SOM Center Road  
Mayfield Heights OH 44124

Phone Number: [REDACTED]

Treatment plan summary for

[REDACTED]  
Theresa Perryette

Page: 4

Date: 5/20/21

Time: 12:29:28

Summary									
Primary benefit	.00	deductible	.00	maximum	.00	used/pending	.00	add patient	.00
Secondary benefit	.00	deductible	.00	maximum	.00	used/pending	.00	add patient	.00
Other benefit	.00	deductible	.00	maximum	.00	used/pending	.00	add patient	.00

Treatment plan total	8,055.00
Coupon discount	200.00
Insurance discount	.00
Insurance benefit	.00
Appointment Appreciation	20.00-

Patient total 7,835.00

Office use only

Jun. 20. 2011 11:55AM

No. 3699 P. 7